

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038264

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2731

FILED SEP 23 1963

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clayton Richmond Hgts.Length of stay in 1b  
5 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Mary's HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY Madison

c. CITY  
OR TOWNInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
R. R. #2 EdwardsvilleReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Mabel

Eberhart

4. DATE  
OF DEATH

Month Day Year

August 31, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4/19/91

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Shelby Co, Illinois

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William Wheat

## 13b. MOTHER'S MAIDEN NAME

Mary Schuff

## 14. NAME OF HUSBAND OR WIFE

Albert Eberhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Carl Eberhart, Edwardsville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

BLEEDING GASTRIC ULCER

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

RHEUMATIC HEART DISEASE

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Aug 27 to Aug 31 and last saw her him alive on Aug 30  
Death occurred at Aug 31 1:20 A on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, county, state)

Removal

9/3/63

Rose Lawn Memory Gardens

Wood River Twp, Illinois

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Weber Funeral Home, Edwardsville

9-2-63

John B. Murphy M.D.

Ill. (Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

St. Louis

St. Louis

2 days

R. R. 42 Edwardsville

St. Mary's Hospital

August 31, 1963

Robert

Label

Female

X

White

Female

USA

Spelby Co., Illinois

Own Home

Housewife

Albert Robert

Mary Schmitt

William Schmitt

Carl Robert, Edwardsville, Ill.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Philip J. Weber*

Licensed Embalmer No. 4985

P. O. Address Edwardsville, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Illinois

Webster Funeral Home, Edwardsville, Ill.